

Adoption Search, Contact and Reunion Services
CONSENT/NON-CONSENT TO RELEASE INFORMATION
FROM AN ADOPTIVE PARENT OR ADOPTIVE FAMILY MEMBER

*INSTRUCTION: Use "Unknown" for any unknown information.

I, _____, _____, am the _____
(Current Name) (Social Security Number) (Specify Relationship to Adoptee)
of _____, who was born on _____ in _____
(Name of Adoptee at Birth) (Date of Birth)

(Place of Birth)

This child's adoption was initiated and/or finalized in the State of Maryland and the petition was filed by:
(check one)

- A Local Department of Social Services in _____ (County/City)
 A Private Child Placement Agency (name) _____ or
 An Independent Agent (attorney's name) _____

Pursuant to the Code of Maryland Regulations (COMAR) Title 07.02.13.01 – .09, I hereby give permission or refuse to give permission to the Department of Human Resources/Social Services Administration (DHR/SSA) and/or the private child placement agency to do the following concerning the adoptee: **(Print Yes by the actions you want to occur and No by the actions you do not want to occur.)**

- Release updated medical information
 Release my name and address
 Release my telephone number
 Release my email address
 Facilitate written contact
 Facilitate telephone contact
 Facilitate a reunion in which I agree to participate

I will notify DHR/SSA of any change of name and/or address. In the event that I forget to notify the Department of these changes I am providing the name, address and telephone number of a close friend or relative who will know how I can be contacted:

(Specify Name, Address, Telephone Number)

I understand that I may withdraw my consent to release identifying information, in writing, at any time.

SIGNATURE

DATE

ADDRESS

HOME PHONE NUMBER

WORK PHONE NUMBER

Notary Public: _____ Date: _____

DHR/SSA 2065 (09/15)

SEAL